

Clinical Notes and Case Reports

ADENOMYOMA, WITH THE INFILTRATIVE CHARACTERISTICS OF MALIGNANCY

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The usual finding of adenomyomata is in the wall of the uterus with rather indefinite outline and with color almost that of the normal uterine wall. The finding of adenomyomata elsewhere is rather unusual. The case here presented is still more unusual in its relation to the surrounding organs.

No. 13485—White Memorial Hospital—Service of Dr. Thomason—Mrs. C. C., age 38 years; housewife. History of profuse menstrual flow for a few days and then scanty but continuous flow of four months' duration. Physical examination revealed perineum and cervix intact. Body of uterus quite firmly fixed and about 5 cm. in diameter, with a nodule apparently involving posterior wall of uterus and rectum. Laboratory findings revealed 10,200 leucocytes, $3\frac{1}{4}$ million red cells with 75 per cent of polynuclears. Wassermann, negative.

At operation three small fibroid nodules were found in the body of the uterus. One ovarian cyst measuring 5 cm. in diameter was present. Anterior to the uterus, between it and bladder and adhered to both is found a tumor mass measuring about 3 cm. x 5 or 6 cm. in size. This mass could be separated from the uterine wall, but it was found impossible to separate from the bladder wall, and necessitated the removal of the adherent portion of the bladder with the mass.

A similar nodule adherent to the rectum posterior to the uterus was found. It was impossible to remove this mass without removal of a portion of the rectal wall, and with the extensive surgery already completed it was thought best to leave this tumor mass for the present.

Pathological study reveals tumor anterior to uterus and adjacent to bladder wall to consist of a typical adenomyoma, small areas of stroma with glands of type found in endometrium. No evidence of malignancy found. The tumor mass invades bladder wall, leaving only traces of bladder muscle and the mucosa in involved area.

Other findings were: peritoneal and parovarian cysts, cyst of ovary, fibroids (small in size and three in number), and a chronic catarrhal inflammation of the appendix, with the endometrium in the resting stage.

Comment—Rapid section, using Terry's polychrome methylene blue, revealed the nature of this growth, and although the gross appearance suggested malignancy, more radical surgery was not done. Patient has recovered.

BISMUTH SUBNITRATE POISONING

REPORT OF A CASE

By C. W. PIERCE, M. D., Los Angeles

There is a more or less prevailing view that bismuth subnitrate may be used with great freedom, both externally and internally, regardless of the fact that our attention has been repeatedly called to its danger. That the matter may again be brought to the attention of physicians, I wish to report the following case of bismuth poisoning:

Mrs. C., age 31, was admitted to the California Lutheran Hospital, September 19, 1924. Four months previously a tuberculous kidney had been removed by Doctor Franklin Farman. A fistula formed and persisted. Squibbs' 33 per cent bismuth subnitrate was used in the wound. Altogether during one month four ounces were used. The patient lived in the country and was not kept under close observation.

Three months after the operation she developed signs of salivation. Sloughing ulcers appeared in the mouth and blood was noticed in the urine. She consulted a den-

tist and was also treated by her local physician without the cause of the trouble being discovered.

The patient entered the hospital complaining of intense ptialism, pains in the face, headache, abdominal pains, vomiting, diarrhea and hematuria. She was very weak and had lost several pounds in weight. The breath was extremely offensive, so much so that the odor could be noticed on entering the room, simulating a garlic odor. The pains in the face were severe. Examination showed a black or slate discoloration of the edges of the gums, the mucosa of the cheeks and lower edge of the tip of tongue. Severe stomatitis and gingivitis. Some of the ulcers were quite deep, penetrating to the deeper layers. Urinalysis showed granular and hyalin casts, pus and red blood cells.

Treatment consisted of daily injections of a 10 per cent solution of sodium thiosulphate, intravenously. Each dose contained ten cubic centimeters of the solution, and a total of four injections was given. A mouth wash was used to heal the gums. One loose tooth was extracted. The acute nephritis which had developed as a sequela of the bismuth poisoning began to subside immediately under the above treatment, and at the time of her dismissal from the hospital the kidney function was normal. Her mouth healed and general condition improved. The dark line under the tongue and discoloration of the mucosa of the cheek persisted and was still present a month after she left the hospital.

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Medicine Before the Bench

Findings and Comments of the Courts on Acts and Omissions of Doctors

(EDITOR'S NOTE—*The law reports contain many interesting decisions, involving the reputations and fortunes of doctors. In this column in each issue a brief summary of one or more decisions and comments of the several courts of last resort upon the cases will appear. The matter will be selected by our general counsel, Hartley F. Peart, who, with Hubert T. Morrow, attorney for Southern California, will contribute from time to time.*)

In the most recent malpractice decision decided by our Appellate Court the importance of expert medical testimony to prove negligence on the part of a physician was emphasized. The judge before whom the case was tried instructed the jury that the opinions of the doctors who had testified as experts were merely advisory and that the jury was not bound to accept such opinions as true, but should accord them such weight as the circumstances warranted, or the jury might disregard such opinions entirely if they believed them to be unreasonable. The court held that this instruction was erroneous as, in effect, it instructed and permitted the jury to set up their own standard of treatment which they thought the physician should have given the case and permitted them to entirely ignore the expert testimony. The physician was charged with negligently failing to discover a fracture by reason of the fact that he took no x-rays. Two physicians testified that this was negligence. The court said:

"It necessarily follows . . . it was prejudicial error for the court to give the second instruction above set out, which it gave upon its own motion. For in this second instruction the court told the jury that they might disregard altogether the opinions of the experts testifying in the case if, from all the facts and circumstances in the case, they believed that such opinions were unreasonable. In other words, the court, in effect, instructed the jury that if there were facts and circumstances in the case, testified to by lay witnesses, which the jury believed and which rendered the opinions given in the case by expert witnesses unreasonable, then the jury were at liberty to reject altogether the opinions of the experts. As we have already noted, such is not the accepted rule, and to so instruct the jury was highly prejudicial to the rights of the appellants. . . . The judgment is therefore reversed."